FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24565 (6)

1. Corporation Name

THE HAMPTONS AT MAPLEWOOD HOMEOWNERS ASSOCIATION , INC.

Principal Place of Business	Mailing Address
~~P O BOX 3667~~ ~~TEQUESTA FL 33469-7667~~ P.O. Box 8143 JUPITER, FL 33468	~~P O BOX 3667~~ ~~TEQUESTA FL 33469-7667~~ P.O. Box 8143 JUPITER, FL 33468

3. Date Incorporated or Qualified: 01/29/1988
3a. Date of Last Report: 04/12/1995

2. Principal Place of Business P.O. Box 8143
21 ~~400 Toney Penna Drive~~
22 Suite, Apt. #, etc.
23 City & State: Jupiter, FL.
24 Zip ~~33458~~ 33468 25 Country: US

2a. Mailing Address P.O. Box 8143
26 ~~400 Toney Penna Drive~~
27 Suite, Apt. #, etc.
28 City & State: Jupiter, FL.
29 Zip 33468 ~~33458~~ 30 Country: US

4. FEI Number: 65-0023662 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHWIND, GEORGE
ST. JOHN, KING & DICKER
500 AUSTRALIAN AVE. SUITE 600
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name: Dicksinson Management, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 400 Toney Penna Drive
83
84 City: Jupiter, FL. FL 85 Zip Code: 33458

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Leonard H. Mc Vicar Property Manager 4/25/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TARGETT, TERRY 177 SOUTH HAMPTON DRIVE JUPITER FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Litinski, George 136 South Hampton Drive Jupiter, FL. 33458	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POSNER, MYRNA 128 HAMPTON CIRCLE JUPITER FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VPTD Targett, Terry 177 South Hampton Drive Jupiter, FL. 33458	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LITINSKI, GEORGE 136 SO HAMPTON DR. JUPITER FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	~~SD~~ ~~Griswold, Robert~~ ~~290 Sussex Circle~~ ~~Jupiter, FL. 33458~~ DELETION	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LANDELL, HARPER 280 SUSSEX CIRCLE JUPITER FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Larsen, Tom 264 Sussex Circle Jupiter, FL. 33458	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GABRIEL, TERRI 170 HAMPTON CIRCLE JUPITER FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Sahnger, James 242 Hampton Place Jupiter, FL. 33458	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: [signature] 6-5-96 407-743-9626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

GEORGE M. LITINSKI